MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/031699	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51							
2								52							
3								53							
4								54							
5								55							
6								56							
7								57							
8								58							
9								59							
10								60							
11								61							
12								62							
13								63							
14								64							
15								65							
16								66							
17								67							
18								68							
19								69							
20								70							
21								71							
22								72							
23								73							
24	1							74							
25		1						75							
26		1						76							
27		1						77							
28		1						78							
29		1						79							
30		1						80							
31		1						81							
32		1						82							
33		1						83							
34		1						84							
35		1						85							
36		1						86							
37		1						87							
38		1						88							
39		1						89							
40		1						90							
41		1						91							
42		1						92							
43		1						93							
44								94						1	
45								95							
46								96							
47								97							
48								98							
49								99							
50								100							
TOTAL IND.								TOTAL IND.							
TOTAL DEP.	22							TOTAL DEP.							
TOTAL CL.	23							TOTAL CLAIMS							

PT-460 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS   U.S. DEPARTMENT OF COMMERCE
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